

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09785764 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		(2)					54						
5		(1)					55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9		(1)					59						
10		(1)					60						
11		1					61						
12		1					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17		1					67						
18		1					68						
19		2					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					76						
28		1					77						
29		1					78						
30		1					79						
31		1					80						
32		1					81						
33		1					82						
34		1					83						
35		1					84						
36		1					85						
37		1					86						
38		1					87						
39		1					88						
40		1					89						
41		1					90						
42		1					91						
43		1					92						
44		1					93						
45		1					94						
46		1					95						
47		1					96						
48		1					97						
49		1					98						
50		1					99						
TOTAL IND.	1						100						
TOTAL DEP.	28						TOTAL IND.						
TOTAL CLAIMS	29						TOTAL DEP.						
							TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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